


 <div><b>Care Management Plan</b> <b>Medicare Item No. 721</b></div> <div>Facility: _____</div>	<div>(Affix identification label here)</div> <div>URN:</div> <div>Family name:</div> <div>Given name(s):</div> <div>Address:</div> <div>Date of birth: <span>Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</span></div>
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Health problems and relevant conditions	Agreed management goals
1	
2.	
	Actions to be taken by the patient
3.	
	Arrangements to provide treatment and services to the patient (when, who, contact details)
4.	

Copy of plan provided to patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient signature: <div></div>	Date: <div>/ /</div>	Recall and review date due: <div>/ /</div>	Medicare Item No. 721 claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date: <div>/ /</div>	Doctors name (print): <div></div>	Doctors signature: <div></div>
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I have explained the steps involved with this care plan and the client has agreed to proceed with this service? ☐ Yes ☐ No

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Date: <div>  /  /  </div>	Doctor name (print): <div></div>	Doctor signature: <div></div>
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